

**IRS
EMPLOYMENT
FORMS
FOR
PROCESSING**

General Information

Introduction

Included in this booklet are the documents and links to documents needed to establish your account as a new employee. It also contains documents that will be forwarded to the Office of Personnel Management in order to initiate your background investigation. All IRS employees are subject to a background check at the time of appointment.

Forms included in this booklet:

1. Employee Address Information for Personnel/Payroll System (Form 12711)
2. Direct Deposit Sign-up Form (Standard Form 1199A)
3. Race and National Origin Identification (Form 9620)
4. Notice Regarding Repayment of Buyout Prior to Re-Employment with the Federal Government (Form 12311)
5. Prior Government Service Information (Form 12854)

Additional forms required (not included in this booklet):

1. Self-Identification of Handicap (Standard Form 256)
<http://www.opm.gov/forms/pdfimage/sf256.pdf>
2. Statement of Prior Federal Service (Standard Form 144)
http://www.opm.gov/forms/pdf_fill/SF144.pdf
3. Employee's Withholding Allowance Certificate (Form W-4)
<http://www.irs.gov/pub/irs-pdf/fw4.pdf>
4. Questionnaire for Non-Sensitive Positions (Standard Form 85)
http://www.opm.gov/forms/pdf_fill/SF85.pdf

Instructions for the Processing Session

All forms enclosed in this booklet **MUST** be completed **BEFORE** reporting to the processing session.

- You must initial and date by all corrections, strikeouts, or white outs.

NOTE: If you have prior military service, you **MUST** provide a copy of your Member 4 DD-Form 214 showing an Honorable Discharge.

If you were previously employed with the IRS or another Federal agency, **IT IS EXTREMELY IMPORTANT** that you bring copies of any SF-50, Notification of Personnel Action, showing your career or career conditional appointment in the competitive service.



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

NOTICE TO APPLICANTS FOR EMPLOYMENT

COMPUTER MATCHING PROGRAM CONDUCTED BY THE TREASURY
INSPECTOR GENERAL FOR TAX ADMINISTRATION (TIGTA)

The Treasury Inspector General for Tax Administration (TIGTA) has oversight and investigative responsibilities throughout IRS. TIGTA has maintained these responsibilities since January 18, 1999, when the Restructuring and Reform Act of 1998 transferred the powers of the IRS Chief Inspector to TIGTA.

TIGTA has authority to initiate investigations to identify IRS employees who have violated or are violating laws, rules or regulations related to the performance of their duties.

TIGTA does this in part through computer matching programs. Computer matching is the most feasible method of performing comprehensive analysis of employee, taxpayer and tax administration data because of the large number of employees, the geographical dispersion of IRS offices and the tremendous volume of computerized data that is available for analysis. TIGTA computerized matches include information from Personnel records, taxpayer accounts records, records of computerized accesses to IRS information, employee tax records and records of employee computer usage (i.e., the Internet and other research tools).

For additional information, contact your recruiter or Servicing Personnel Office.

Employee Address Information for Personnel/Payroll System

The purpose of this form is to obtain an employee's home address and/or salary check mailing address, when the Employee Express System is not available for use. **Employees on rolls should use Employee Express to change their address information.**

Employee Express
on-line From Work or Home
www.employeeexpress.gov

Employee Express by Phone

From Work 478-757-3085
(TTY/TDD 478-757-3117)

From Home 800-827-6290
(TTY/TDD 888-880-0412)

For all Requests Complete Items 1-6 and 18-19.

| | | |
|---|---|--|
| 1. Work Phone <i>(Include area code)</i> () - | 2. Home Phone <i>(Include area code)</i> () - | 3. Tour of Duty <input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm |
| 4. Name <i>(Last, First, Middle Initial)</i> , , | | 5. Social Security Number - - |
| 6. Employee Status <i>(check one)</i> <input type="checkbox"/> On Rolls <input type="checkbox"/> Separated <input type="checkbox"/> Furloughed Date Separated <i>(mm/dd/yyyy)</i> / / | | |

New Address

Establish or Change Your Residence Address by Completing Items 7-12 & 18-19.

| | | | |
|---|------------|-------------------------------|-----------------------|
| 7. Urbanization <i>(Puerto Rico only)</i> Training | | 8. Street Address or P.O. Box | |
| 9. City | 10. County | 11. State | 12. Zip Code + 4 - |

Direct Deposit

New employees must complete an SF-1199A, Direct Deposit Sign-Up Form, to have your salary check direct deposited to your bank. If you do not elect to have your salary Direct Deposited, please provide a salary check mailing address in the section below.

☐ **I am electing Direct Deposit**
(Skip to Item 18) ☐ **I am NOT signing up for Direct Deposit.**
(Complete Items 13-19 below.)

Salary Check Mailing Address

If you did not elect for Direct Deposit of your salary check, you must provide a mailing address below to receive your check through the U.S. mail.

| | | | |
|--|-----------|---------------------------------|--|
| 13. Urbanization <i>(Puerto Rico only)</i> | | 14. Street Address or P. O. Box | |
| 15. City | 16. State | 17. Zip Code + 4 - | |

Agency Use Only

| | | |
|-----------|--------|------------|
| City Code | County | State Code |
|-----------|--------|------------|

Questions regarding this form should be directed to:

the Employee Resource Center (ERC) at 1-866-743-5748, Option 1 (TTY/TDD 1-866-924-3578).

Return this completed form to: IRS Payroll Center; Drop Point B-5721, P.O. Box 245, Bensalem, PA 19020

| | |
|------------------------------------|-------------------------------------|
| 18. Employee Signature X | 19. Date <i>(mm/dd/yyyy)</i> / / |
|------------------------------------|-------------------------------------|

Privacy Act Notice

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Form 12711.

Authority

5 USC 301

Purpose and Uses

This form is used to obtain an employee's home address.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or process that you are seeking. Solicitation of the SSN by the United States Department of Agriculture is authorized under provisions of Executive Order 9397, Date November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U. S. Department of Agriculture. The SSN also will be used by the U. S. Department of Agriculture and other Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration process carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and those identities can only be distinguished by the SSN.

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A NAME OF PAYEE (<i>last, first, middle initial</i>) | | D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS | | | | | | | | | | | | | | | | | | | |
| ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>) | | E DEPOSITOR ACCOUNT NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| TELEPHONE NUMBER AREA CODE | | F TYPE OF PAYMENT (<i>Check only one</i>) | | | | | | | | | | | | | | | | | | | |
| B NAME OF PERSON(S) ENTITLED TO PAYMENT | | <input type="checkbox"/> Social Security <input checked="" type="checkbox"/> Fed. Salary/Mil. Civilian Pay | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (<i>specify</i>) | | | | | | | | | | | | | | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) | | | | | | | | | | | | | | | | | | | |
| SSN Prefix Suffix | | TYPE AMOUNT | | | | | | | | | | | | | | | | | | | |
| PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. | | JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS. | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | DATE | SIGNATURE | DATE | | | | | | | | | | | | | | | | | | |
| SIGNATURE | DATE | SIGNATURE | DATE | | | | | | | | | | | | | | | | | | |

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

| | |
|---|---------------------------|
| GOVERNMENT AGENCY NAME U.S. Treasury, IRS | GOVERNMENT AGENCY ADDRESS |
|---|---------------------------|

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | | | | | | | | | | | | | |
|---|---|------------------|------|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | ROUTING NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | CHECK DIGIT <table border="1"><tr><td></td></tr></table> | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| DEPOSITOR ACCOUNT TITLE | | | | | | | | | | | | | |
| FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. | | | | | | | | | | | | | |
| PRINT OR TYPE REPRESENTATIVE'S NAME | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER | DATE | | | | | | | | | | |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury ¹⁵⁻⁵¹000

Month Day Year
08 31 84

AUSTIN, TEXAS

Check No.
0000 - 4157815

Pay to the order of
JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 76543

29-693-775 00 C

28 28
VA COMP

DOLLARS CTS
\$ 100 00

NOT NEGOTIABLE

⑆00000051⑆ 042571926⑆

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

Race and National Origin Identification

OMB No. 1545-1398
Expires 09/30/05

(Please read the instructions and Privacy Act Statement before completing form.)

| | | |
|-----------------|------------------------------------|--------------------------|
| Agency Use Only | Name (Last, First, Middle Initial) | Birthdate (Month & Year) |
|-----------------|------------------------------------|--------------------------|

Privacy Act Statement and Paperwork Reduction Act Notice

You are requested to furnish this information under the authority of 42 U.S.C. §2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide this information, however, then the employing agency will attempt to

identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

(Continued on Reverse)

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national

origin, identify yourself by the category with which you most closely identify yourself. Darken the oval next to the appropriate category. NOTE: Mark only one oval.

EXAMPLES

| | | | | |
|-------------|---|---|--|--|
| 0 1 2 - 3 4 | <input type="radio"/> JAN <input type="radio"/> FEB <input type="radio"/> MAR <input checked="" type="radio"/> APR <input type="radio"/> MAY <input type="radio"/> JUN <input type="radio"/> JUL <input type="radio"/> AUG | <input checked="" type="radio"/> This year <input type="radio"/> Next year | YES <input checked="" type="radio"/> <input type="radio"/> | NO <input type="radio"/> (N) <input checked="" type="radio"/> <input checked="" type="radio"/> <input type="radio"/> (N) |
|-------------|---|---|--|--|

WRITE YOUR RESPONSES IN THE BOXES AND
BLACKEN THE APPROPRIATE OVALS.

| SOCIAL SECURITY NUMBER | NAME OF CATEGORY (Mark ONE Only) | DEFINITION OF CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 0 | 1 | 2 | - | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table><tr><th colspan="2">GENDER</th></tr><tr><td><input type="radio"/> Male</td><td><input type="radio"/> Female</td></tr></table> | GENDER | | <input type="radio"/> Male | <input type="radio"/> Female | <p><input type="radio"/> Hispanic</p> <p><input type="radio"/> Not Hispanic in Puerto Rico</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENDER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="radio"/> Male | <input type="radio"/> Female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Privacy Act Statement and Paperwork Reduction Act Notice (continued)

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: 3 minutes. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the form to this address. Instead, return it to the Internal Revenue Service Center personnel office that has been designated for your use.

Notice Regarding Repayment of a Buyout and Information Regarding Suspension of Severance Pay

Public Law (PL) 103-226, PL 104-208 and PL 107-296 require an individual who received a buyout at the time of separation from the Federal Government to repay the entire amount of the buyout (*including all deductions for taxes*) to their former agency, if they are re-employed within 5 years following the effective date of separation on which the payment was based. This requirement applies to any employment, of any length, in any entity of the Federal Government. PL 104-208 and 107-296 requires the repayment be made prior to the employee's first day of employment. PL 103-226 allows for the repayment over an extended period of time.

Please complete the following

SECTION 1

Have you ever worked for the Federal Government?

☐ Yes ☐ No

If you answered **No**, go to Section 4. If you answered **Yes**, continue to Section 2.

SECTION 2

Have you ever been through a Reduction-in-Force (RIF)?

☐ Yes ☐ No

If so, are you currently receiving severance pay?

☐ Yes ☐ No

If you answered **YES**, depending on the type of appointment which you are being hired, your severance pay may be suspended while employed by the U.S. government. It will resume after separating from the appointment. (5 CFR 550.710 & 550.711)

Have you received a BUYOUT within the past 5 years from the Federal Government?

☐ Yes ☐ No

If you answered **YES**, please indicate under which Public Law you received the BUYOUT. You must also provide a copy of your separation SF-50 (*Notification of Personnel Action*) which documents the BUYOUT.

- ☐ PL 104-208 or PL 107-296: under these PL's you must repay the entire amount of the BUYOUT to your former agency BEFORE you can enter on duty with the Internal Revenue Service;
- ☐ PL 103-226: under this PL you must repay the entire amount of the BUYOUT to your former agency but can do so over an extended period of time.
- ☐ **Other BUYOUT** not mentioned above. You must also provide a copy of your separation SF-50 (Notification of Personnel Action) that documents the **BUYOUT**. You understand the conditions set forth of re-employment in the Federal Government that may require the repayment of the buyout you received.

SECTION 3 -Declination

- ☐ I have received a BUYOUT from the Federal government within the past five years; therefore, I am declining consideration for employment and understand that my application will be placed in the inactive file.

SECTION 4- Certification &Signature

- ☐ I certify that I have completed the above in good faith and have received a copy of this notice.

| | |
|--------------|------------------------|
| Printed name | Social Security Number |
| Signature | Date |

Notice Regarding Repayment of a Buyout and Information Regarding Suspension of Severance Pay

Privacy Act and Paperwork Reduction Act Notices

Under Executive Order 9397, Federal agencies were required to use the Social Security Number (SSN) as a means of identifying individuals in personnel record systems. Solicitation of your SSN is thus authorized by this executive order and will be used to ensure that the information you provide is accurately recorded as pertaining to you. Furnishing your SSN or any of the other data is voluntary, but failure to supply complete and accurate information may limit consideration or jeopardize eligibility to hold a Federal position. The information requested on this form will be used to update personnel records. Your name and/or social security number is only used as an identifier (authorized under Executive Order 9397, dated November 1943.) Your response is voluntary. We ask for the information on this form to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code section 6103. The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time to complete this form is 5 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, Washington, DC 20224.

PRIOR GOVERNMENT SERVICE INFORMATION

TEST DATE

TITLE OF EXAM

If previously employed by the Federal government, complete the following:

NAME: _____

Name in Former Employment (if different) _____

Date of Birth: _____ Social Security Number: _____

| NAME OF AGENCY | LOCATION | DATES: FROM TO | SUPERVISOR (if known) |
|----------------|----------|-------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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IMPORTANT NOTE TO FEDERAL RETIREES:

If you are receiving an annuity, you may continue to receive payments while employed at the Internal Revenue Service. However, your salary will be reduced by the amount of the annuity.

FEDERAL ANNUITANTS — SIGN AND DATE WHERE INDICATED

I have read the above statement and understand that the salary I earn while employed by the Internal Revenue Service will be reduced by the amount of my federal annuity, on a dollar for dollar basis.

Applicant Signature

Date

Probationary Period Statement

External applicants who are currently working for other agencies or with the IRS may be required by 5 CFR 315.801 and 802 to serve another probationary period. 5 CFR 315.801 states "The 1st year of service of an employee who is given a career or career conditional appointment is probationary when the employee is appointed from a competitive list of eligibles or was reinstated." 5 CFR 315.802 states "Prior Federal civilian service counts towards completion of probation when it is in the same agency; in the same line of work; and contains or is followed by no more than a single break in service that does not exceed 30 calendar days."

Applicant Signature

Date

Reference: Privacy Act and Paperwork Reduction Act Notices

The information requested on this form will be used to update personnel records. Your name and/or social security number is only used as an identifier (authorized under Executive Order 9397, dated November 1943.) Your response is voluntary. We ask for the information on this form to carry out the mission of the Internal Revenue Service. We need the information to process your application for employment with the Internal Revenue Service. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by code 6103. The time needed to complete this form will vary depending upon the individual circumstances. The estimated average time to complete this form is 15 minutes. If you have comments concerning the accuracy of this estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave., NW, Washington, DC 20224.

